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Education Authority of the County of Lanark.

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# NINETEENTH ANNUAL REPORT

ON THE

MEDICAL INSPECTION,  
SUPERVISION, AND TREATMENT  
OF SCHOL CHILDREN.

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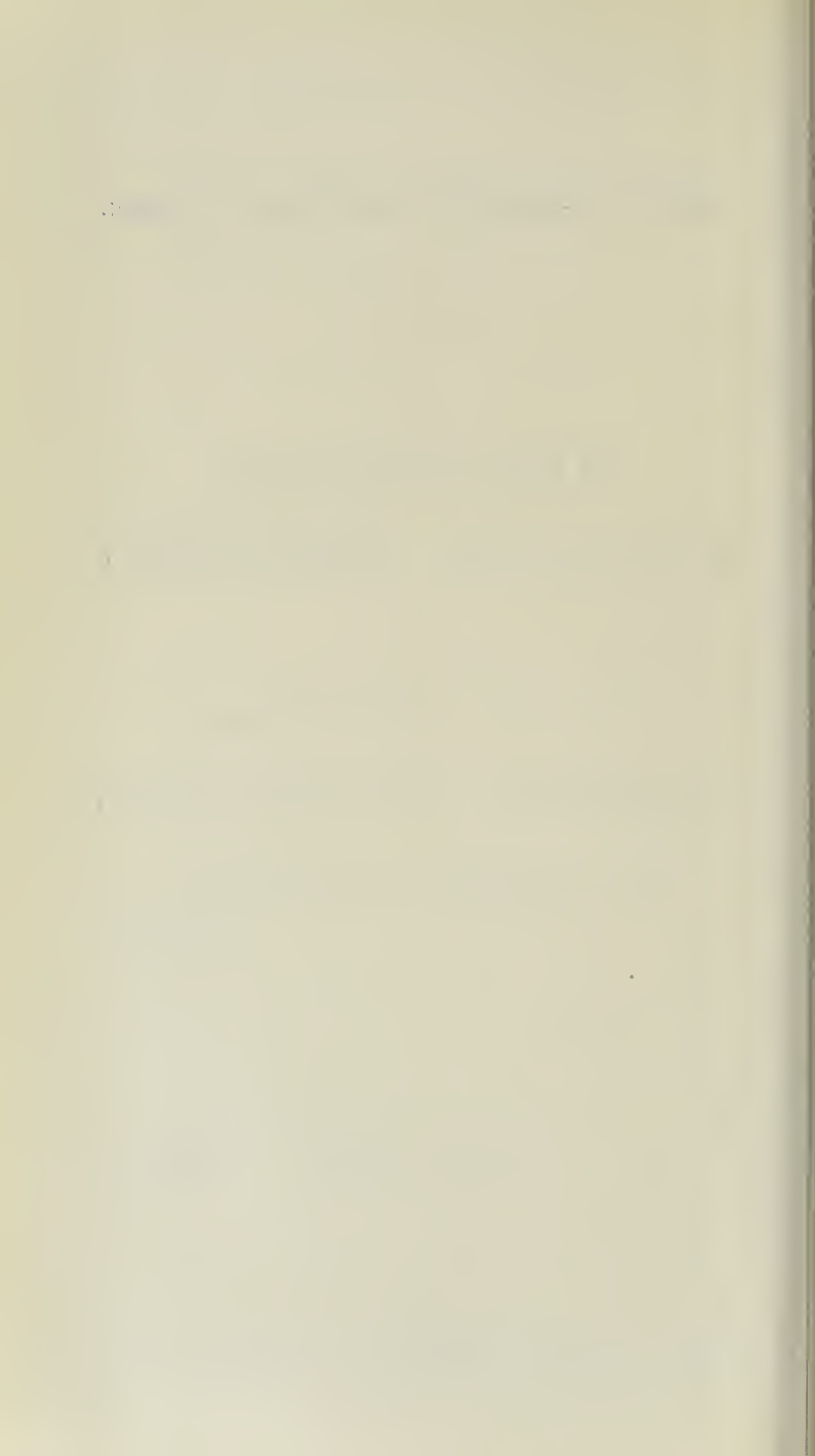
1927-1928.

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HAMILTON:

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
AUTHORITY OF THE COUNTY OF LANARK.

Mr Chairman, Ladies and Gentlemen,

We beg to submit the Nineteenth Annual Report on the  
Medical Inspection, Supervision, and Treatment of School Children  
in the County of Lanark for the year ending 31st July, 1928.

We are,

Your obedient servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,  
3 Clydesdale Street,  
Hamilton, November, 1928.

## LIST OF STAFF.

### NORTHERN DIVISION.

**Principal School Medical Officer.**  
JOHN MACINTYRE,  
M.B., Ch.B., D.P.H.

**Assistant School Medical Officers.**  
IAN C. MACKENZIE,  
L.R.C.P. & S.Ed., D.P.H.  
CATHERINE B. WILSON,  
M.B., Ch.B., D.P.H.

ANN K. CORMACK, M.B., Ch B.

#### **Dental Surgeons.**

- (a) H. R. BOWER, L.D.S.  
WILLIAM KERR, L.D.S.  
ALEXANDER RAE, L.D.S.  
(b) ARCH. W. M. WATSON, L.D.S.

### SOUTHERN DIVISION.

**Principal School Medical Officer.**  
W. JONES MACKINNON,  
M.D., C.M., D.P.H.

**Assistant School Medical Officers.**  
ANDREW G. REEKIE,  
M.B., Ch B., D.P.H.  
JOHN YOUNG,  
L.R.C.P. & S.Ed., D.P.H.

#### **Dental Surgeons.**

- R. JARDINE BEATTIE, L.D.S.  
ANDREW C. F. RANKIN, L.D.S.  
ELIZ. WATSON, L.D.S.

### **Part-Time Ophthalmic Surgeons.**

ERNEST THOMSON,  
M.A., M.D., F.R.F.P.S.G.  
H. SOMERVILLE MARTYN,  
M.A., M.B., CH.B.

JAMES R. WATSON,  
M.A., B.Sc., M.D., D.P.H.  
JAMES A. WILSON,  
M.D., D.P.H.

JOHN A. MORTIMER, M.D., M.R.C.P.E.

### **Part-Time Ear, Nose, and Throat Specialist.**

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

### **NURSES.**

ISOBEL T. COCHRAN.  
CHRISTINA CRAIB.  
ANNIE N. DOUGLAS.  
FLORENCE D. FLEMING.  
ISABEL MACKINNON.  
MAY B. B. YOUNG.  
MARJORIE M'DOUGALL.  
MINNIE B. H. WOLFE.  
MARGARET C. R. SUTTER.

MARTHA M. CHISLETT.  
ANNIE DOBIE.  
AMY T. HISLOP.  
FRANCES M'KEE.  
ISABEL TAYLOR.  
MARY A. YATES.  
MARJORY F. MACGILLIVRAY.  
GEORGINA WALLACE.  
MARY M. BENNETT.

AGNES L. D. MILLER.

### **Clerical Staff.**

ROBERT A. M'ROBBIE.  
JOHN PORTER.

HELEN S. STEVEN.  
JEAN B. THOMSON.

SARAH M. B. CLARK.

## SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

### I.

#### LIST OF STAFF.

The personnel of the Medical Inspection, Treatment, and Nursing Staffs is as detailed on page 6 of this Report. On 15th November, 1927, Mr H. R. Bower, dental surgeon, was granted leave of absence on account of ill health, and Mr Archibald Watson, L.D.S., was appointed temporarily to undertake Mr Bower's duties. On Mr Bower resigning his post as dental surgeon to the Authority on 15th May, 1928, on account of his continued ill health, Mr Watson was permanently appointed to fill the vacancy. It was with regret that the Authority accepted Mr Bower's resignation as he had given over ten years of excellent work as whole-time dental surgeon in the Authority's service. No other changes in the Staff during the session fall to be recorded.

### II.

(a) Number of Schools in the whole Educational Area:—

Primary	...	...	...	...	221
Intermediate and Secondary	...	...	...	...	21
Special Schools or Classes	...	...	...	...	11

(b) Number of Children on Register	...	101,857
Number of Children in Average Attendance	...	92,833

At the commencement of the session the new primary school at Machanhill, Larkhall, was opened, and at Easter of this year the new special school for physically and mentally invalid children at Knowetop, Motherwell, was formally opened. Extensions to existing schools were completed during the year at Bishopbriggs H.G. School, at St. Mary's R.C. School, Coatbridge, and at Rutherglen Academy.

### III.

#### NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

During the course of the year the School Medical Officers paid 1,246 visits to schools in connection with the routine examination of the pupils. The classes of children examined at these routine

visits are:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Secondary Pupils, 16 years old; and (5) Special Cases.

#### IV.

#### NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

The number of special visits to schools during the year still continues to be very large. Not only are these made in connection with the re-examination of pupils who have been found to suffer from some defect or other at the routine examination, but a great deal of school visiting is necessitated by the examination of pupils on whose behalf application for food, boots, or clothing has been made by parents. The examination also of pupils who apply for permits to engage in part-time employment is also conducted at school, and as these applications are received at very irregular intervals frequent visits have to be made to schools if the children are not to be kept waiting unduly long for their permit. Again, the great majority of the special examinations of physically and mentally invalid children and of absentee children are conducted at the school most convenient to the child's home, and only in exceptional cases are such children examined at their own residence. To anyone who is conversant with this branch of the work the reason for choosing a school as the examining centre is obvious.

Special visits to schools are also made in connection with the investigation of epidemic diseases and for purposes of sanitary supervision.

The number of special visits to schools for purposes of supervision amounted this year to 903, and the total number of children re-examined at these visits was 23,962. For the number of children specially examined for malnutrition, boots, or clothing, and for the number of invalid and absentee children, etc., examined see summary on pages 18 and 19 of this Report.

#### V.

#### SANITARY CONDITIONS OF SCHOOLS.

The sanitary condition of the schools throughout the whole area continues to be generally satisfactory. There is still some overcrowding in certain of the class rooms, but this is being gradually rectified either by internal alterations of class rooms or



by extensions to the school buildings. The "Eastern" type of latrine which was introduced into many of the primary schools some years ago, continues to give satisfaction, and in the matter of cleanliness and hygiene is an undoubted advance on the pedestal type of closet.

## VI.

### (A) ORGANISATION AND ADMINISTRATION.

No important change has occurred in the scheme of organisation, details of which were fully given in the Report for year ending July, 1920 (pages 8-10).

### (B) SCHOOL NURSES.

#### 1. NUMBER ON STAFF.

The total number of nurses on the Staff is the same as last year, viz.:—19. These are allocated as follows:—7 for medical inspection and supervision, and 12 for treatment. The work at the minor ailments clinics has increased so greatly that it is only with the greatest difficulty that the existing staff has managed to overtake it. The work at these clinics falls to a very large extent on the nurses, and if the individual children are to continue to receive adequate and proper treatment it is clear that an addition to the nursing staff will soon have to be made. As it is proposed to commence another minor ailments clinic at Blantyre early next session, it is estimated that at least one additional nurse will require to be appointed not only to overtake the additional work entailed at Blantyre but to relieve the pressure at certain of the other clinics, especially at Hamilton, where the number of children attending is far in excess of what was ever estimated.

#### 2. DUTIES IN SCHOOL.

For detailed account of the duties of the nursing staff in schools and clinics see Report for year 1919-20 (page 10).

#### 3. DUTIES IN VISITING.

The work undertaken by the nurses in connection with home visiting has been fully explained in previous Reports. A large number of home visits was made this year by the nurses attached to the minor ailments clinics. These visits were principally to give parents detailed instructions in the carrying out of the treatment prescribed, but, in many instances, the object of the visit was to ascertain the reason why parents had discontinued sending their

child to the clinic before a complete cure had been effected. Altogether, 1047 home visits were paid by the nursing staff during the course of the session.

### (C) ARRANGEMENTS FOR "FOLLOWING UP".

The arrangements in connection with the "following up" of cases requiring attention were fully explained in the Report for year ending July, 1920. Thanks are again due to the Inspectors of the Society for the Prevention of Cruelty to Children for their willing and very effective co-operation in dealing with certain neglected children. It has been found from long experience that the wilfully neglectful parent has a wholesome respect for the officers of the Society, and their visits to the house carry much greater weight than any threat of action being taken by the Education Authority.

### (D) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

The arrangements for dealing with infectious diseases in schools were fully explained in the Report for year 1919-20. Although epidemics were fairly numerous and widely spread throughout the County during the year, few of them could be classified as serious except in so far as they affected school attendance. Mumps, measles, and whooping-cough were prevalent during the late winter and spring months, but on no occasion was it found necessary to recommend school closure for any of these epidemics. Only on one occasion, when several "carrier cases" of diphtheria were discovered attending a school in Rutherglen, was it considered advisable to close the school two days earlier than the date fixed for the Christmas holidays.

Thanks are again due to Dr Brownlie, County Bacteriologist, for his examinations of the specimens and swabs submitted to him by the School Medical Officers. During the session, reports on 200 cases were given by Dr Brownlie.

### (E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The closest co-operation with the Public Health and Sanitary services, both in the County area and also in the various Burghs, is always maintained in dealing not only with actual cases of infectious or contagious disease found in schools but also in all matters that relate to the sanitation of the school buildings. Special disinfection

of schools or of certain selected classrooms has always been promptly carried out by the sanitary officials whenever a request for such measures has been made by the School Medical Officer.

When an epidemic, involving many school children, appears in a district it is a sound policy to fumigate or disinfect the whole school, or, at least, those classrooms from which the bulk of the affected children are drawn. Apart altogether from the intrinsic value of the disinfecting, there has to be considered the excellent mental effect which the procedure has on the minds of the parents, pupils, and teachers. Parental apprehension is allayed, confidence is restored in the minds of all concerned, and an atmosphere of security is immediately created.

#### (F) PRESENCE OF PARENTS AT INSPECTION AND TREATMENT CENTRES.

Although the number of parents who attend at the routine inspection of the children remains relatively small, the same cannot be said as regards attendance at the treatment clinics. At the visual treatment centres it is now the exception to find a child unaccompanied by his parent, usually the mother, especially at the first examination by the ophthalmic surgeon. On the one hand, the parent may be able to impart valuable information as regards the onset of her child's disability which will be of great assistance to the doctor, and, on the other hand, she will be in a position to receive definite and careful instruction as regards the after care of the child. The same applies to practically all the other branches of treatment—dental, minor ailments, and ear, nose and throat—and the presence of parents at all of these treatment centres is not only welcomed but earnestly desired.

When a special examination of a child is necessary, either for physical or mental disability, it is essential that the child should be accompanied by a parent or guardian, and notice to this effect is invariably sent when making an appointment for the examination.

#### (G) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—During the year several special visits to schools were made by the medical officers in connection with actual or threatened outbreaks of infectious or contagious diseases. In the majority of instances, no active measures were specially called for, but in other cases definite action was immediately taken. Thus, at one of the schools in Rutherglen

where sporadic cases of diphtheria were occurring, joint action was taken by the School Medical Officer and the Public Health Officials. As the cases were all drawn from two classrooms, the School Medical Officer swabbed the fauces of all the pupils in these rooms. Bacteriological examination in each case proved "negative." In another school in the same area, about a dozen cases of diphtheria occurred, spread over several weeks. After careful investigation, joint action with the local Health Officials was again taken, and as the cases were confined to the infant department of the school, swabs were taken from the fauces of the pupils in that department, in all, 100 children. Bacteriological examination revealed the fact that 6 cases were definitely "positive" and 8 were "doubtful." Prompt exclusion of the positive and doubtful cases from school and a thorough disinfecting of the classrooms resulted in the aborting of what might have blossomed into a serious epidemic.

One visit was made in connection with a suspected outbreak of scarlet fever, but happily the teacher's fears were groundless, and no action was called for. Many special visits were made to the schools during the early spring months when there were several epidemics of mumps, measles, and whooping-cough. Although little could be done to influence the progress of these diseases, the visits of the Medical Officer had a steadying effect on both pupils and staff.

In those districts which are fortunate enough to be served by a minor ailments clinic, regular visits are paid to the schools by the clinic nurses to ascertain whether any of the pupils are suffering from contagious skin disease, e.g., impetigo, ringworm, etc. If any such cases are found, every endeavour is made to have the affected children immediately sent to the clinic for treatment.

(b) *Absentee Pupils*.—During the session many special examinations were conducted in connection with absentee children, that is, children whose absence from school on account of illness was so protracted as to raise the presumption that the child was an "invalid" child; or, on the other hand, children in whose case there was grave doubt as to the genuineness of the excuse for absence. To clear up any doubt that may still linger in the minds of teachers, attendance officers, or members of School Management Committees, it must again be emphasised that the School Medical Officers should not be called upon to conduct an examination of any child where the family doctor is still in regular attendance and the absence duly certified by him, no matter how protracted that absence may be. If the parents, presumably with the family doctor's consent, request an examination of the child by the School

Medical Officer with a view to discussing the future educational prospects of the child, it is quite a different thing, and arrangements for the examination will be speedily made. Co-operation between the school medical staff and the private medical practitioners is greatly to be desired, and anything that savours of official interference between the family doctor and his patient should be reduced to the barest possible minimum, if, indeed, not altogether eschewed.

The number of special examinations conducted during the year in connection with absent<sup>ee</sup> pupils amounted to 632. The following were the School Management Areas from which the requests were received:—

Old Monkland	...	...	...	194
Bothwell	...	...	...	98
Hamilton	...	...	...	74
New Monkland	...	...	...	64
Cambuslang	...	...	...	47
Cadder	...	...	...	27
Dalserf	...	...	...	27
Shotts	...	...	...	23
Lanark	...	...	...	20
Rutherglen	...	...	...	19
Dalziel	...	...	...	17
Blantyre	...	...	...	9
Carnwath	...	...	...	3
Carluke	...	...	...	3
Cambusnethan	...	...	...	2
Douglas	...	...	...	2
Avondale	...	...	...	1
East Kilbride	...	...	...	1
Southern	...	...	...	1
				<hr/>
				632
				<hr/>

(c) *Physically Invalid Children*.—The examination and selection of these children constitute one of the most important branches of school medical work. Year after year numbers of new cases are brought to the notice of the medical officers of children for whom special educational facilities are either essential or desirable, delicate children who have either now reached school age or older children who have recently suffered from some disabling illness. Thus it is that the stream of applications for special examination shows little signs of lessening, but rather, of increasing in volume.

The question is often asked: "What constitutes an invalid child?" Invalid children fall into one of three main categories: (a)



*those who are definitely unfit to attend an ordinary school, e.g., certain of the severe forms of paralysis, heart trouble, epilepsy, tubercular disease, congenital malformation, and so on. In fact, it is quite probable that many of these cases will be unable to attend any school whatsoever, special or otherwise; (b) those who are unable to attend an ordinary school without serious risk to their health, e.g., practically all cases of heart disease, and especially heart damage resulting from rheumatism, chorea, or acute infective disease; rheumatic children; debilitated and anæmic children; severe cases of rickets; "delicate" children, especially those of a tuberculous type; children who have lost a lower limb and who require the aid of crutches; children suffering from progressive high myopia; hysterical and highly nervous children, etc; (c) those who suffer from repeated attacks of ill-health which periodically necessitates fairly prolonged spells of absence from school, e.g., asthmatic and bronchitic children who suffer from recurrent acute exacerbations with, probably, intervening periods of fairly good health; the strumous type of child who has periodic relapses of acute eye trouble; the child who has recurrent attacks of rheumatism or chorea without perceptible heart complication; and so on.*

Unfortunately, many parents still consider that there is a stigma attached to children who receive their education in a special school, and every endeavour should be made, in the interest of the children, to dispel this idea. The Education Authority by building well-equipped, commodious and attractive schools in beautiful surroundings have done much to break down parental prejudice, but a good deal still remains to be done before the suspicion of inferiority in a child who receives his education, wholly or in part, at a special school is removed. "What's in a name?" There is a tremendous lot in a name, and such words as "cripple" and "defective" should be absolutely abjured when referring to either an invalid child or a special school. The words are unnecessarily harsh—indeed, almost offensive—and, in any case, are by no means descriptive of the type of children attending the special classes for physically invalid children in the County of Lanark.

The total number of physically invalid children specially examined during the session amounted to 550. This number includes 2 blind children, 2 deaf and dumb children, and 23 cases of high myopia.

(d) *Mentally Invalid Children.*—In the course of the year 103 children, reported as suffering from some form of mental disability, were examined by the medical officers. In 37 cases the disability was of such a degree as to render the child "uneducable," and these cases were duly reported to the General Board of Control

and to the Parish Council concerned. Included in the latter group are certain children who had been admitted on trial to the classes for mentally retarded children at the special schools, but who were found to be unable to profit by the instruction given, or had otherwise become unsuitable for further attendance.

(e) *Students in Preliminary Training.*—In accordance with the Regulations for the Preliminary Education, Training, and Certification of Teachers, 124 candidates were examined by the School Medical Officers. The two main disabilities discovered at the examinations were, as usual, unsatisfactory vision and defective teeth. There can be little, if any, excuse for candidates presenting themselves nowadays with uncorrected vision or in an unhealthy dental condition, as the opportunities afforded in this County for receiving visual and dental treatment throughout all the years of school life are probably unequalled in any part of the kingdom. Candidates must recognise—and this point should be strongly emphasised by their teachers—that owing to the considerable excess of applicants for entrance to the teaching profession a very high standard of physical fitness is now demanded, and candidates for preliminary training who have defective vision for which nothing has been done or who are in an unhealthy dental condition run a grave risk of being rejected by the Medical Officer.

Another point of interest is the question of physical training. It has been found at the examination of the candidates that several of the applicants are not taking the regular physical instruction course at school. In some instances exemption had been granted on the strength of a medical certificate given by the family doctor, but in other cases it was found that the candidates were engaged in scholastic work or teaching during the periods devoted to physical instruction. As every class teacher in a primary school will be responsible for the physical education of her pupils, it is essential that all intending teachers should have as complete a course of instruction in this subject as possible. It should be noted that every student at a Training College is expected to be able to take two periods each week of physical training as an essential part of her training as a teacher.

For many years it has been the practice in this County to submit all students in training to a thorough medical examination

each year so that the risk of final rejection, on medical grounds, by the Training College Authorities is reduced to a minimum. In connection with this matter it might be well to quote from a recent Minute of the Education Authority apropos of a communication received from the National Committee for the Training of Teachers:

"The National Committee, in their communication, stressed the desirability (from the point of view of reducing to a minimum the number of rejections, on medical grounds, of graduates desiring to enter a training centre or college) of pupils about to proceed to a University with a view to entering the teaching profession submitting themselves voluntarily to medical examination by the School Medical Officer immediately before leaving school. The meeting considered the whole matter, and after an interchange of opinion it was agreed to afford all the co-operation possible to the National Committee in the matter brought forward, and the Clerk was instructed to communicate with the Headmasters of Secondary Schools, informing them of the position, and asking them to submit annually the names of pupils about to proceed to a University with the definite intention of entering the teaching profession in order that they might be offered medical examination at the hands of the School Medical Officers."

(f) *Visits to Special Classes.*—Regular visits were paid throughout the session to the special classes for physically invalid, mentally invalid, and deaf-mute children, and the physical and scholastic progress of each child were carefully recorded. It is very gratifying to report that during the year a considerable number of pupils had, so far regained normal health as to be able to return to an ordinary school, their places being taken by children for whom a period of education at a special school was considered advisable.

(g) *Employment of Children Act.*—The number of children applying for permits to engage in part-time employment shows a very marked increase this year. Altogether, 1064 applications were received and of these 1036 were, after medical examination, granted, 28 being refused. Nearly half of the applications were for the purpose of milk carrying, and, approximately, one-third for newspaper delivery. Not only is particular attention paid by the Medical Officers to the physical fitness of the children, but equal attention is also given to their bodily cleanliness.



Bye-Laws under the Employment of Children, Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.				
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Miscellaneous
Avondale . . . . .	22	22	—	8	5	9	—	—
Biggar . . . . .	14	13	1	—	2	11	—	—
Blantyre . . . . .	54	53	1	11	25	16	1	—
Bothwell . . . . .	226	223	3	101	80	39	3	—
Cadder . . . . .	42	39	3	24	11	4	—	—
Cambuslang . . . . .	95	91	4	53	26	11	1	—
Cambusnethan.. . . .	80	78	2	14	32	30	2	—
Carluke . . . . .	17	17	—	1	15	1	—	—
Carnwath . . . . .	2	2	—	—	2	—	—	—
Dalserf . . . . .	21	21	—	4	12	5	—	—
Dalziel . . . . .	69	69	—	19	28	20	2	—
Douglas.. . . .	—	—	—	—	—	—	—	—
East Kilbride . . . . .	6	6	—	3	1	2	—	—
Glassford . . . . .	—	—	—	—	—	—	—	—
Hamilton . . . . .	93	91	2	46	22	21	2	—
Lanark . . . . .	13	13	—	5	5	3	—	—
Lesmahagow . . . . .	2	2	—	—	2	—	—	—
New Monkland . . . . .	42	38	4	18	18	2	—	—
Old Monkland.. . . .	108	103	5	55	39	6	3	—
Rutherglen.. . . .	112	110	2	88	16	3	3	—
Shotts . . . . .	43	42	1	17	20	5	—	—
Southern . . . . .	1	1	—	—	1	—	—	—
Stonehouse.. . . .	2	2	—	2	—	—	—	—
	1064	1036	28	469	362	188	17	—



The accompanying Table shows in detail the number of applications received, granted, and refused, the nature of the employment for which application was made, and the various School Management Areas from which the applications came.

(h) *Adult Blind Persons*.—In accordance with the Blind Persons Act, 1920, examination was made of 17 persons for the purpose of ascertaining whether the applicants were physically and mentally fit to undergo a regular course of technical training.

(i) *Staff*.—During the year 14 members of the Authority's Staff and applicants for the post of Attendance Officer or Janitor were medically examined and reported upon.

(j) *Examination of Necessitous Children*.—Although industrial distress still remained acute in many districts of the County the number of applications received from parents this year for the supply of boots, clothing, or food was very much less than the previous year. In all, 993 children were specially examined in this connection by the Medical Officers.

## VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.  
(A) TOTAL NUMBER OF CHILDREN EXAMINED.

## (a) At Systematic Examinations:—

			Boys.	Girls.
Entrants (6 years old and under)	...	...	5,715	5,715
Intermediates (9 years old)	...	...	5,078	4,922
Seniors (12 years old)	...	...	5,034	4,942
Secondary Pupils (16 years and over)	...	...	381	364
			16,208	15,943
Total	...	...	32,151	
(b) Special Cases (non-routine)	...	...	6,199	
Grand Total	...	...	38,350	

## (c) Pupils examined at Re-visits:—

Number examined at 1st Re-visit	...	...	9,480
„ „ 2nd „	...	...	8,972
„ „ 3rd „	...	...	4,846
„ „ 4th „	...	...	664
			23,962

## (d) Examination of Students in Preliminary Training:—

Entrants	...	...	124
During Training (1st, 2nd, and 3rd years)	...	...	253

## (e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes:—

1. Physically Invalid	...	...	619
2. Mentally Invalid	...	...	197

## (f) Special Examination of Physically and Mentally Invalid Children:—

1. Physically Invalid	...	...	550
2. Mentally Invalid	...	...	103

{g) Special Examination of Irregular Attenders:—						
Number examined	...	...	...	...	...	201
{h) Examination of Children under Employment of Children Act (1903):—						
Number examined	...	...	...	...	...	1,064
{i) Examination of Adult Blind Persons (Blind Persons Act, 1920)						
...	...	...	...	...	...	17
{j) Examination of members of the Authority's Staff						14
{k) Examination of Necessitous Children (Malnutrition, Boots, etc.)						
...	...	...	...	...	...	993

## SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

### 1. Dental Treatment:—

Number of Children Dentally Examined	...	69,323
Number of Children Notified	... ..	48,074
Number of Children Dentally Treated	... ..	19,205

### 2. Visual Treatment:—

Number of Children Treated by the Ophthalmic Surgeons	... ..	3,204
Number of Children Re-examined by the Ophthalmic Surgeons	... ..	4,218
Number of Attendances at the Ophthalmic Clinics		7,422

### 3. Ear, Nose, and Throat Treatment:—

Number of Children Treated by Nose and Throat Specialist	... ..	331
Number of Attendances at Treatment Centres		654

### 4. Treatment of Minor Ailments:—

Number of Children Treated	... ..	6,065
Number of Attendances made	... ..	48,149

### 5. Clinics attached to Special Schools:—

Number of Attendances made	... ..	10,340
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## (B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DISABILITIES.

The number of children notified to parents as suffering from some disability discovered during the routine examinations was 13,122, and the total number of disabilities discovered—exclusive of dental defects—was 19,607, that is, an average of, approximately, 1.5 per child notified. It is to be noted that, notwithstanding the continued industrial depression throughout the whole County, the clothing and footgear of the children attending school continue to be very satisfactory, only .31% of the pupils being insufficiently clad and 2.65% with unsatisfactory footgear. This is an improvement on last year's figures, when the respective percentages were .5 and 3.34.

In the matter of bodily cleanliness, there is still considerable scope for improvement, especially in the condition of the girls' hair. To find 14.55% of the pupils examined with nits on the hair—the vast majority being girls—and 2.79% with more or less evidence of lice cannot be regarded as at all satisfactory. And yet, it is the considered opinion of each member of the medical staff that there is marked evidence of greater cleanliness amongst the pupils. The trouble is that there are certain localities in the County that are notoriously dirty, and it is the pupils from these districts who raise the percentage of uncleanness to its present unsatisfactory figure. There is no leniency shown by any member of the medical staff in dealing with dirt, and every case of nits or lice, even where the evidence is slight, is notified to the parents.

There is a slight increase in the percentage of children whose nutrition was below average, the figure being 3.12 as compared with 2.31 in the previous year. One of the factors in causing the increase was, undoubtedly, the series of epidemics—whooping cough, measles, and mumps—which occurred in practically every district and which lingered for months. Of all these diseases, whooping-cough is, probably, the most potent in reducing the bodily strength of the children, and it frequently leaves the sufferers debilitated for many weeks or, perhaps, months.

There was a considerable increase this year in the number of cases of external eye disease, ear disease (including wax), and skin diseases notified to parents. This is accounted for by the fact that, as the minor ailments clinics are now prepared to deal with these

conditions, a very much larger number of incipient cases was reported to the parents in order that the condition might be checked as early as possible. Of the various disabilities discovered during the routine examinations, the following are the most important:—Skin diseases (impetigo, septic sores, etc.), 1,526; external eye diseases (inflamed eyelids, conjunctivitis, etc.), 1,275; enlarged tonsils, 1,698; adenoids, 819; ear diseases (including wax), 702; disturbance of heart and circulation, 356; respiratory diseases (bronchitis, catarrh, etc.), 273; nasal obstruction, 189; non-pulmonary tuberculosis, 33; diseases of nervous system, 42; other conditions, 583.

As regards dental defects, 48,074 children were found to require treatment. A full account of the dental condition of the school children in the County is given in a subsequent section of this Report (pages 42-45).

The following Statistical Tables (D-X) show the number and percentages of children who suffered from one or other of the disabilities mentioned (pages 22-32).

### (C) NUMBER OF CHILDREN RECEIVING ATTENTION EXCLUSIVE OF DEFECTIVE TEETH.

Of the 13,122 children notified as suffering from some disability, 8,312, or 63.4%, were found, on subsequent examination, to be cured, improved, or under treatment. This is a marked increase on last year's percentage (45.2), and it is hoped that next session even better results will be obtained. It is certain that, had minor ailments clinics been in operation in such densely populated districts as Coatbridge, Bellshill, and Blantyre, there would have been a much larger percentage of cures or improvement to record.

Of the total number of disabilities notified (19,607), the number remedied amounted to 11,776, or 60 per cent.

As regards treatment of visual defects, 3,210 new cases were treated by the Authority's ophthalmic surgeons. In addition, 4,218 cases were re-examined, making a total of 7,428 attendances at the ophthalmic clinics. A full report on the visual state of the scholars is given in a later section of this Report (pages 37-41).

For diseases of the ear, nose, and throat, 331 children were treated by the Authority's rhinologist, necessitating 654 attendances of the patients at the clinics (page 46).

For minor ailments of the skin, eye, ear, nose, and throat, etc., 6,065 children received treatment, the total attendances made at the various clinics amounting to 48,149. For details see pages 48-50 of this Report.

#### (D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,151	99	31	955	2.97	1793	5.58	277

#### (E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
32,151	852	2.65	29



## (F) AVERAGE HEIGHTS AND WEIGHTS.

## BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ... ..	6½	9½	12½
County of Lanark Average, ...	44·5	51·4	55·6
Anthropometric Standard, ...	44·1	50·7	56
Difference, ... ..	+ 0·4	+ 0·7	-0·4

## GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ... ..	6½	9½	12½
County of Lanark Average, ...	44·4	50·2	56·7
Anthropometric Standard, ...	43·6	50	56·8
Difference, ... ..	+ 0·8	+ 0·2	-0·1

## BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years, ... ..	6½	9½	12½
County of Lanark Average, ...	48·9	63·9	79·6
Anthropometric Standard, ...	47	64·9	79·4
Difference, ... ..	+ 1·9	-1·0	+0·2

## GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years, ... ..	6½	9½	12½
County of Lanark Average, ...	45·5	60·5	79·9
Anthropometric Standard, ...	44·8	59·3	80·2
Difference, ... ..	+ 0·7	+ 1·2	-0·3

## (G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Vermineous.	Per cent.	No. found defective.
32,151	4678	14.55	899	2.79	975

## (G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty. (including Nits)	Per cent.	Vermineous.	Per cent.	No. found defective.
32,151	3457	10.75	867	2.69	693

## (H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special cases.
No. Examined.	Ring- worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,151	10	.031	131	.407	0	—	142	.44	189

## (H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special cases.
No. Examined	Ring- worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,151	2	.006	242	.752	38	.118	835	2.59	614

## (I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined	Average and above Average.		Below Average.		Very bad.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,151	31,127	96·82	1004	3·12	20	·062	62

## (J) TEETH.

As the dental examination of all school children between the ages of 5 and 12 years, inclusive, is undertaken by the Authority's dental surgeons, no record of the condition of the children's teeth was taken by the Medical Officers at the routine inspections, except in the case of the 16 years old pupils. The results of the dental surgeons' examinations are given in the special dental Report. (See page 42).

As regards the dental condition of the 16 years old pupils, of 745 examined, 346, or 46·44%, were found to stand in need of dental treatment, and the usual notice was sent to the parents. This percentage is much too high for senior pupils for whom dental treatment has been afforded throughout the whole of their elementary school life. There is no doubt that the standard of dental fitness amongst school children is definitely improving in spite of an occasional temporary set back in the percentage figures, and the contemplation of artificial dentures is not now regarded with that complacency which was observed amongst the senior girls some years ago.

## (K) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,151	2712	8·43	349	1·09	92	·298	128

(K.) (b) THROAT.

Systematic Cases.										Special Cases.	
Number Examined	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
	7085	22.03	1461	4.54	1336	4.15	601	1.87	73	23	
	32,151										

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(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Systematic Cases.								Special Cases.
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.	Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	
	3672	11.4	115	.36	8	.025	395	1.23
32,151								72

## (L.) EXTERNAL EYE DISEASES.

Systematic Cases.										Special Cases.	
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,151	1163	3.62	464	1.44	110	.34	613	1.91	242	.75	1137

## (M.) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number	Per cent.	Number.	Per cent.	Number.	Per cent.	
*20,721	15,481	74.71	4581	22.11	659	3.18	1654

\*Infant Children not included.

# (N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
	312	.97	559	1.74	34	.105	
32,151							250

# (O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
	278	.86	6	.019	
32,151					112

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,151	252	.78	112	.35	62

(Q.) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
32,151	350	1.08	80	.249	125	104

# (R.) HEART AND CIRCULATION.

Systematic Cases.							Special Cases.		
Number Examined.	Organic.				Functional.		Anæmia.	Number found Defective.	
	Congenital.		Acquired.		Number.	Per cent.			
	Number.	Per cent.	Number.	Per cent.					
	32,151	15	·046	127	·39	343			1·067

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# (S.) LUNGS.

Systematic Cases.							Special Cases.		
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Number found Defective.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
32,151	1214	3·77	6	·019	30	·093	11	·043	97



# (T.) NERVOUS SYSTEM.

## Systematic Cases.

Systematic Cases.										Special Cases
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,151	19	·059	12	·037	40	·124	102	·31	46	

# (U.) TUBERCULOSIS (NON-PULMONARY)

## Systematic Cases.

Systematic Cases.											Special Cases.
Number Examined.	Glandular.		Bones and Joints.		Abdominal		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,151	13	·040	25	·07	18	·05	2	·006	4	·012	32

# (V.) RICKETS.

Number Examined.	Systematic Cases.			Special Cases. Number found Defective.
	Slight.		Marked.	
	Number.	Per cent.		
32,151	365	1.13	10 ·031	27

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# (W.) DEFORMITIES.

Systematic Cases.			Special Cases.		
Number Examined.	(Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,151	115	.36	215	.67	47

## (Y) OTHER DISEASES OR DEFECTS.

In addition to the conditions mentioned in the foregoing Tables, many disabilities of a less common nature were discovered during the course of routine examination. When the condition was deemed likely to interfere with the pupil's health or scholastic progress a note was sent to the parents urging them to have the child placed under medical care. In many instances, however, the conditions were not of a harmful nature and were more or less of academic interest only. As has been mentioned frequently in previous Reports, a considerable number of cases of enlarged thyroid gland was found, especially amongst the senior girls. The condition is rare in boys. That an enlargement of the thyroid gland occurs as a frequent accompaniment of the changes at puberty is a well established fact, but the significance of the enlargement is not so clearly understood. From the large number of cases that suffer no inconvenience from the increase in the size of the gland and from the fact that the increase is frequently of a temporary character one might infer that, at the time of puberty, an increase in the thyroid is a more or less normal occurrence. Only when the enlargement is unduly great or when there are accompanying nervous or cardiac symptoms does the condition begin to assume a pathological character. Every case of enlarged thyroid gland is not necessarily a commencing goitre, but, on the other hand, an obvious thyroid enlargement, even of a temporary nature, cannot be regarded as a trivial condition. It is possible that these moderate enlargements of the thyroid gland, unaccompanied as they generally are by any other symptoms, bear the same relationship to goitre as slight "growing pains" to rheumatism. In any case it were well that girls who show a tendency to increase of the thyroid gland, whether at the time of puberty or not, should have their studies curtailed as much as possible and not engage in exercises of a strenuous character. Altogether, 202 cases of definite thyroid enlargement were noted during the course of routine examination, and probably a great many lesser cases, although recognised, were not recorded by the examining officer.

The following were some of the more important conditions found at school during the session;—Fractures and dislocations, 5; urinary disturbances, 35; commencing acute osteomyelitis, 2; cretinism, 3; torticollis (wry-neck), 4; nephritis (kidney disease), 3; appendicitis, 3; hernia (rupture), 5; acute rheumatism, 3; and nicotineism, 36. The total number of conditions noted under the heading of "Other Diseases" amounted to 364.

## VIII.

## SPECIAL SCHOOLS AND CLASSES.

## 1. PHYSICALLY INVALID CHILDREN.

The number of centres for the instruction of physically invalid children remains the same as last year, namely, four—Drumpark, Cambuslang, Hamilton, and Motherwell. The new special school at Knowetop, Motherwell, was formally opened in the spring of this year, and replaces the special classes which were previously conducted at Knowetop Public School. Certain children who were unsuitable for attendance at the Authority's special schools were sent either to Eastpark Home, Maryhill, or to the Colony of Mercy for Epileptic Children, Bridge-of-Weir.

## 2. MENTALLY INVALID CHILDREN.

Each of the special schools for physically invalid children has a department set apart for the teaching of mentally invalid children. Mentally retarded children for whom attendance at the Authority's special schools is not suitable are placed either in Birkwood Institution, Lesmahagow, or in St. Charles' Institution, Carstairs.

## 3. BACKWARD CHILDREN.

In several of the larger primary schools, there are classes for dull or backward children. These classes have been conducted for several years, and serve a very useful purpose.

## 4. BLIND AND PARTIALLY BLIND CHILDREN.

Only one institution for the education of blind children comes under the direct jurisdiction of the Authority, namely, St. Vincent's Institution, Tolleross. This institution serves the needs of the Roman Catholic children, whilst Protestant children are sent for education to the Royal Blind Asylum, Edinburgh. There are special classes for high myopic children at Drumpark, and Knowetop Special Schools.

## 5. DEAF AND DEAF-MUTE CHILDREN.

There are two centres for the education of deaf or deaf-mute children under the jurisdiction of the Authority, namely, Woodburn Special School, Hamilton, and St. Vincent's Institution, Tolleross. Children for whom attendance at either of these two centres is unsuitable are educated either at Donaldson's Hospital, Edinburgh, or at the Royal Edinburgh Deaf and Dumb Institution.

# X INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Osseous.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
COUNTY—														
Upper Ward .. ...	...	5	4	4	1	...	...	...	...	...	...	2	1	...
Middle Ward .. ...	1	36	76	231	80	3	1	1	...	...	...	...	2	...
Lower Ward .. ...	...	1	1	20	7	1	...	...	...	...	...	...	1	...
BURGHES—														
Airdrie, ... ..	...	3	8	63	1	2	...	...	...	...	...	...	8	...
Biggar, ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ... ..	...	3	2	33	4	1	...	...	...	...	...	...	2	...
Hamilton, ... ..	8	11	51	90	55	4	1	1	...	1	...	...	3	...
Motherwell, ... ..	...	2	...	5	...	...	...	...	...	...	...	...	...	...
Lanark, ... ..	2	...	1	6	...	...	...	...	...	...	...	...	...	...
Rutherglen, ... ..	8	13	15	35	36	2	...	...	...	...	...	...	3	14
Wishaw, ... ..	4	1	1	4	...	...	...	...	...	...	...	...	...	...
TOTAL, ... ..	23	75	159	491	184	13	2	2	...	1	...	2	20	14



## IX.

## ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements in force as regards physical instruction in schools, see Report for year ending 31st July, 1920 (page 27). The provision of recreation grounds in connection with schools has been carefully considered by the Authority during the past few years, and playing fields are now attached to many of the larger schools, especially the Secondary Schools. Wherever facilities exist, arrangements are also made for the use of public swimming ponds, and many schools have now their regular swimming club. In all the Secondary Schools, and also in many of the larger Primary Schools, there are football, hockey, tennis, cricket, and swimming clubs, and the annual sports held in connection with these clubs form one of the outstanding features of present-day school life.

## X.

## FEEDING OF CHILDREN.

This subject has been very fully dealt with in previous Reports, so that all that is necessary is a recapitulation of the arrangements in force for the supplying of food at school.

1. All children in attendance at the Special Schools are provided with a forenoon "snack" of biscuit and milk, and a two-course hot meal at mid-day. The cost of the meal is 3d. per day, but where the necessity of the parent justifies it, the meals may be given free.

2. The Authority provides food to all those children in attendance at an ordinary school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. The number of meals provided during the year to necessitous children amounted to 21,321.

3. Many of the Secondary Schools have a regular buffet attached to them where a hot mid-day meal may be obtained.

4. In several of the rural schools hot soup is provided at a nominal cost during the winter and spring months for those pupils who reside at a long distance from school.

## IX.

## ARRANGEMENTS FOR MEDICAL TREATMENT.

The arrangements for medical treatment have been very fully explained in previous Reports, and it should now suffice to give a

short summary of these. The Authority's scheme provides for:— (1) dental treatment; (2) visual treatment; (3) treatment of diseases of ear, nose, and throat; and (4) treatment of minor ailments. Each of these various branches of treatment is fully dealt with in subsequent sections of this Report.

In addition to the foregoing a considerable number of children attended for treatment of deformities at one or other of the Infirmarys or Hospitals in Glasgow, and especially at the Royal Hospital for Sick Children, Yorkhill. During the course of the year the provision of orthopædic appliances was sanctioned by the Authority for 22 children at a cost of, approximately, £50.



**TABLE A.—All Pupils Examined at the Systematic Examination for the  
Year ending 31st July, 1928.**

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.											* Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under).		Age Group (9 Years).		Seniors (12 Years.)		Higher Grade (16 Years.)		Selected Cases.		TOTAL.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Avondale. ... ..	48	51	55	41	51	45	...	...	33	48	372	166	924
Biggar, ... ..	44	37	21	33	36	39	8	8	4	5	235	37	648
Blantyre, ... ..	244	240	200	198	191	177	...	..	108	126	1484	689	3732
Bothwell, ... ..	776	751	683	656	677	685	28	60	545	518	5379	3563	13550
Cadder, ... ..	183	178	130	153	117	151	8	3	91	89	1103	534	3105
Cambuslang, ... ..	294	302	259	237	258	233	8	4	176	183	1954	1053	5260
Cambusnethan, ..	379	379	321	314	284	278	23	14	160	175	2327	1145	6364
Carluke, ... ..	117	126	87	102	87	83	3	5	31	36	677	201	1908
Carnwath, ... ..	61	48	48	66	66	56	...	...	22	24	391	131	1131
Dalserf, ... ..	241	245	253	240	237	234	13	17	116	119	1715	702	4360
Dalziel, ... ..	553	523	523	478	534	509	106	58	288	289	3861	1625	10755
Douglas, ... ..	29	33	38	32	26	19	...	...	8	4	189	51	527
East Kilbride, ...	31	42	37	35	24	21	...	...	19	14	223	89	645
Glassford, ... ..	12	15	13	7	5	12	...	...	9	9	82	24	203
Hamilton, ... ..	556	557	493	463	459	514	77	66	245	283	3713	1801	10088
Lanark, .. ...	161	128	137	131	178	134	20	31	87	68	1075	324	3020
Lesmahagow, ... ..	126	119	112	116	122	128	2	...	58	43	826	256	2237
New Monkland, ...	465	484	443	377	441	456	35	24	218	248	3191	1833	8296
Old Monkland, ...	731	794	643	678	672	631	25	61	467	482	5184	3245	13735
Rutherglen, ... ..	294	308	249	235	263	275	25	13	211	206	2079	1065	5183
Shotts, ... ..	297	300	267	272	256	218	...	...	138	159	1907	941	5101
Southern, ... ..	20	17	21	17	12	14	...	...	1	1	103	13	335
Stonehouse, ... ..	53	38	45	41	38	30	...	...	17	18	280	119	750
TOTALS, .. ...	5715	5715	5078	4922	5034	4942	381	364	3052	3147	38350	19607	101857

\* Defective Teeth not included.



TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT AREAS.	Clothing and Footgear.		CLEANLINESS.								CONDITION OF SKIN.								NUTRITION.		NOSE.		THROAT.				Lymphatic Glands.		External Eye Disease.		Squint.		Vision.		Ear Diseases, Wax, &c.		Hearing.		Heart and Circulation.		Lungs.		Nervous System.		Tuberculosis (Non-Pulmon- ary).		Other Conditions.		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.		
			Head.				Body.								Nasal Obstruction.																																							
			Nits & Dirty.		Lice.		Nits & Dirty.		Lice.		Impetigo.		Ringworm.		Scabies.		Other Diseases.						Tonsils.	Adenoids.																														
	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.										
Arondale, ... ..	1	1	23	15	22	16	6	5	18	10	6	6	1	...	1	1	2	2	...	...	2	...	17	6	5	2	2	1	3	1	9	5	30	20	6	5	...	...	...	...	4	3	...	...	...	...	8	4	110	47	166	103		
Biggar, ... ..	3	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	2	3	1	...	...	2	...	...	...	12	8	5	1	...	...	1	...	...	...	1	1	28	11	37	13						
Blantyre, ... ..	2	1	59	38	58	38	18	7	52	28	25	18	2	1	2	2	66	55	...	...	11	8	44	23	26	15	1	1	61	34	40	15	164	101	21	18	...	...	9	2	18	11	...	...	...	...	10	5	492	326	689	421		
Bothwell, ... ..	221	179	500	385	248	184	379	281	216	161	119	96	1	...	9	9	72	65	10	8	23	10	280	149	167	91	33	21	223	153	175	106	575	354	55	34	9	5	78	59	39	29	8	2	9	3	114	65	2157	1423	3563	2449		
Cadder, ... ..	33	29	72	48	54	34	27	15	11	11	36	29	1	1	...	...	14	11	...	...	6	5	42	18	10	3	6	4	44	33	22	7	88	41	15	11	...	...	12	5	10	7	3	...	...	...	...	25	13	370	225	534	325	
Cambuslang, ... ..	41	30	115	78	61	40	67	48	46	32	32	19	1	1	4	4	34	29	...	...	8	7	122	68	92	53	7	6	68	60	44	29	204	136	24	22	1	1	32	23	17	16	4	1	2	2	27	14	671	459	1053	719		
Cambusnethan, ... ..	30	21	110	56	74	38	48	21	78	39	17	12	...	...	...	...	51	33	...	...	5	2	90	43	50	23	4	2	69	44	49	22	311	187	100	58	5	5	19	5	8	4	1	1	1	...	25	15	793	479	1145	631		
Carlisle, ... ..	5	2	28	15	19	6	8	2	13	4	1	...	...	...	...	...	2	2	...	...	2	...	23	14	5	3	1	...	6	2	9	7	61	43	13	10	...	...	1	1	...	...	1	...	...	...	3	...	150	93	201	111		
Caruath, ... ..	2	2	14	13	4	4	2	...	2	2	1	1	...	...	...	...	...	...	...	...	...	...	20	16	5	5	2	...	2	1	8	5	45	35	21	11	...	...	...	...	...	...	...	...	1	...	...	...	2	1	107	82	131	96
Dalserf, ... ..	7	6	44	35	40	34	10	7	38	22	56	50	3	3	3	3	36</																																					



## REPORT ON VISUAL TREATMENT.

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The following Reports for the year ending 31st July, 1928, have been received from the Authority's Ophthalmic Surgeons:—

(DR. ERNEST THOMSON.)

### CENTRES :

Airdrie, Cadder, and Coatbridge.

The writing of an annual survey of the work undertaken throughout the year is a task of considerable difficulty, especially when a similar task has been undertaken for fourteen consecutive years, and few people are able to write upon the same subject time after time without descending to the utterly commonplace. The writer received the order: "Get you straw where you can find it: yet not ought of your work shall be diminished," and his present difficulty is to gather sufficient statistical stubble to make a sufficiently presentable article.

Unfortunately, the past year has been one of almost unbroken routine, presenting very little with which either to point a moral or adorn a tale. But one case is an exception in so far as it points very decidedly to the views so often here expressed as to the great value of medical inspection.

A girl, aged about twelve years, was put forward for eye examination in a perfectly routine way. On examination of the interior of the eyes the appearances immediately suggested that the child was suffering from serious disease of the kidneys. This was reported to the School Medical Officer, and by him to the family doctor, who confirmed the diagnosis and took over charge of the case. Unfortunately, the disease progressed in spite of treatment, and the child died in hospital a few months later. But although the ending in this particular case was a fatal one—it might well have been otherwise had the disease not been too far advanced—the point cannot escape the observation of any one that here is an illustration of the value of medical inspection; in the first place routine inspection and then expert inspection, in this case examination of the eyes. The writer may perhaps be allowed to take this opportunity of mentioning the fact that the retina of the eye represents an extension of the brain, and that it is the only part of the human body in which the blood vessel system can be examined by the sense of sight, easily, and by means of a comparatively simple apparatus. True, there is one other situation, but it is so difficult of access that routine examination, as in the eye, is out of the question. It is possible that the layman has not yet grasped the essential value of ophthalmoscopic examination as a means of adding to the medical man's knowledge of the general health of child or adult, and the case just related strengthens the writer's view, sufficiently often emphasised on previous occasions, that medical inspection can never



be really complete until every school child is examined by means of the ophthalmoscope as much by routine as he is at present examined by means of the stethoscope. Since the examination would only be of real value if carried out by an expert the expense problem at present blocks the way.

One other case in the year under review may be mentioned. It points no particular moral since, slightly to alter a common saying, children will be children. It concerns a boy who was struck on the eye by a snowball. Nothing was thought of the matter until he was medically inspected and was found to have very bad sight in one eye. When he came up for ophthalmic examination it was found that the retina had given way at its central region as the result of the blow, and that central vision was irretrievably lost. It is not inappropriate to mention that a similar loss of central vision—the vision which is of greatest importance to us—may happen, though the cause is not quite the same, through looking at the sun at eclipse times without sufficient protection of the eye by dark glasses. The purist might call such accidents preventible, but, until the schoolboy wears a face mask, the golfer a helmet, and the sailor a perpetual life belt, the word preventible may as well be omitted.

There is one other point to which reference must be made, namely, the promise to give the results of the squint investigation in connection with which some preliminary figures were given in last year's Report. Once again it is necessary to postpone this matter until the figures are more complete.

The statistics of the cases treated by the writer during the year do not seem to call for comment other than that already made.

(DR. JOHN A. MORTIMER.)

#### CENTRES :

Blantyre, Carlisle, East Kilbride, Lanark, Larkhall, Shotts,  
Strathaven, Uddingston, Wishaw.

During the current year there has been a considerable increase in the number of children coming forward for examination and treatment as compared with previous years. During the past session in the above areas 1,002 children were examined and treated, and 1,225 were revisited. The preponderance of girls over boys requiring ophthalmic treatment still remains, there being 104 more girls than boys. Although the types of cases examined from year to year are in the main of a similar nature, yet statistics of their groups are of the greatest value in furthering knowledge as to the origin and, subsequently, to advances in treatment; the result being that the children of the present-day pass out into the current of life with more useful vision, and are more able to take up the battle of life than those of bygone years.

Apart from several rare and interesting cases of intraocular affections encountered during the session's work which need not be

## VISUAL TREATMENT.

**TABLE C.**—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted and not Requiring Treatment. Year ending 31st July, 1928.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
DR ERNEST THOMSON.						
Airdrie ... ..	200	329	529	176	24	—
Cadder ... .. (Bishopbriggs and Chryston)	45	78	123	38	7	—
Coatbridge ... ..	386	490	876	343	43	—
DR JOHN A. MORTIMER.						
Blantyre ... ..	134	243	377	118	16	—
Carluke ... ..	40	66	106	32	8	—
East Kilbride ... ..	15	17	32	15	—	—
Lanark ... ..	33	116	149	27	6	—
Larkhall ... ..	180	160	340	161	19	—
Shotts ... ..	190	62	252	159	31	—
Strathaven ... ..	34	44	78	29	5	—
Uddingston ... ..	115	147	262	101	13	1
Wishaw ... ..	261	370	631	237	24	—
DR H. SOMERVILLE MARTYN.						
Abington ... ..	3	9	12	3	—	—
Baillieston ... ..	22	44	66	19	3	—
Bellshill ... ..	255	327	582	226	26	3
Biggar ... ..	12	9	21	7	5	—
Cambuslang ... ..	209	136	345	180	21	8
Carnwath ... ..	48	29	77	36	10	2
Lesmahagow ... ..	56	70	126	45	11	—
Rutherglen ... ..	149	132	281	130	13	6
DR JAMES A. WILSON.						
Motherwell ... ..	517	770	1287	444	69	4
DR JAMES R. WATSON.						
Hamilton ... ..	300	570	870	296	10	—
	3204	4218	7422	2822	364	24





# VISUAL TREATMENT.

TABLE D.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Pterygetular Conjunctivitis.		Cataract.	Nyctagmus.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.		Congenital Word Blindness.		Keratitis.	Congenital Dislocation of Lenses.		Hordolum.		Optic Atrophy.		Prosis.		Pseudo Neuritis.		Corneal Ulcer.		Sequelae of Iritis.		Vitreous Opacities.		Coloboma of Iris and Choroid.		Leucoma Adherens.		Detachment of Retina.		Squint (Alternating).		Pupillary Memb.		Squint (Vertical).			
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.						
DR. ERNEST THOMSON.																																																		
Airdrie, ...	39	35	...	2	3	5	1	4	...	2	...	...	1	1	1	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...			
Cadder, ...	3	5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
(Bishopbriggs and Chryston)																																																		
Coatbridge, ...	55	48	...	2	6	12	3	1	...	...	1	2	1	3	2	1	1	2	...	...	...	...	1	1	1	2	1	...	...	...	1	...	1	...	1	...	...	1	...	3	...	...	...	...	...	...	...	1		
DR. JOHN A. MORTIMER.																																																		
Blantyre, ...	9	16	1	...	4	7	...	1	...	...	1	1	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...			
Carlisle, ...	4	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
East Kilbride, ...	3	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Lanark, ...	3	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Larkhall, ...	25	26	2	1	4	6	1	3	...	...	3	1	3	...	...	1	1	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Shotts, ...	19	22	1	1	3	5	...	1	...	...	...	1	2	1	...	...	2	3	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...			
Strathbaven, ...	3	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Uddingston, ...	12	13	...	1	3	8	...	1	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...			
Wishaw, ...	38	19	...	1	6	5	...	3	...	...	...	1	...	1	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...			
DR. H. SOMERVILLE MARTYN.																																																		
Abington, ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Baillieston, ...	2	3	...	...	...	...	1	2	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Bellshill, ...	31	22	1	2	7	6	9	7	...	...	...	1	4	2	1	...	2	1	1	...	3	1	...	1	2	...	...	5	1	...	2	1	...	...	...	...	...	...	...	...	2	4	1	8	...	...	...	1		
Biggar, ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Canbuslang, ...	12	11	1	2	7	5	5	9	...	...	1	1	2	1	...	1	1	...	...	1	2	...	1	2	...	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Carnwath, ...	2	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Lesmahagow, ...	6	8	...	...	3	3	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Rutherglen, ...	12	10	1	...	13	2	7	7	...	...	2	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
DR. JAMES A. WILSON.																																																		
Motherwell, ...	48	50	1	3	1	9	1	6	...	1	1	1	3	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		
DR. JAMES R. WATSON.																																																		
Hamilton, ...	34	30	3	1	1	1	2	4	...	...	...	2	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...		
	361	328	12	16	63	77	32	50	...	3	12	12	22	13	4	4	11	10	1	...	5	3	3	...	3	5	7	6	2	2	5	2	1	5	9	5	3	1	3	4	...	4	2	...	4	8	6	16	...	2



# VISUAL TREATMENT.

TABLE E.—Showing the Nature of the Refraction Error in those Cases treated by Spectacles, and the Number of Cases Examined.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.		
Dr ERNEST THOMSON.																														
Airdrie ... ..	32	31	34	29	21	23	34	40	4	4	7	9	10	11	18	17	8	11	8	6	15	10	9	9	—	—	—	—	90	110
Cadder ... ..	8	8	10	6	3	5	6	10	1	1	5	5	2	1	—	—	2	1	3	2	4	4	1	2	—	—	—	—	20	25
(Bishopbriggs and Chryston)																														
Coatbridge ... ..	67	60	58	47	16	62	50	55	23	16	18	10	15	19	22	21	22	18	22	29	16	14	27	25	—	—	—	—	189	197
Total ... ..	107	99	102	82	70	90	90	105	28	21	30	34	27	31	40	38	32	30	33	37	35	28	37	36	—	—	—	—	299	332
Dr JOHN A. MORTIMER.																														
Blantyre ... ..	5	7	15	13	36	35	35	35	2	2	4	5	5	5	7	7	7	3	5	6	6	9	7	7	—	—	—	—	61	73
Carlisle ... ..	3	5	5	5	8	6	11	10	—	—	1	1	1	1	1	1	—	—	2	3	5	3	3	—	—	—	—	—	17	23
East Kilbride ... ..	4	4	2	2	4	3	3	3	1	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	5
Lanark ... ..	6	6	2	3	7	7	6	5	—	—	1	2	2	2	1	—	1	1	1	1	—	—	—	—	—	—	—	—	20	13
Larkhall ... ..	22	18	19	15	32	35	53	61	2	3	2	1	9	8	11	12	1	—	14	8	11	13	4	6	—	—	—	—	77	103
Shotts ... ..	24	23	25	21	33	34	46	47	3	3	3	2	3	3	6	6	7	9	11	13	13	11	16	18	—	—	—	—	83	107
Strathaven ... ..	3	3	2	2	8	9	6	6	3	2	—	—	1	1	5	5	1	1	—	—	2	2	3	3	—	—	—	—	18	16
Uddingston ... ..	10	10	10	12	19	21	33	28	3	1	10	9	3	5	7	7	8	4	3	4	6	8	2	5	1	1	—	—	50	65
Wishaw ... ..	16	18	29	26	65	66	70	71	9	8	8	8	5	6	18	16	7	4	12	14	11	11	11	13	—	—	—	—	113	148
Total ... ..	93	94	109	99	212	216	263	266	23	20	29	28	30	33	56	54	32	22	48	49	58	61	48	54	1	1	—	—	449	553
Dr H. SOMERVILLE MARTYN.																														
Abington ... ..	—	—	—	—	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Baillieston ... ..	1	1	1	2	6	6	8	8	1	1	1	1	—	—	—	—	—	—	2	—	1	1	—	—	—	—	—	—	9	13
Bellsbill ... ..	29	28	37	37	39	43	42	45	11	7	8	5	21	24	23	22	7	10	10	10	14	10	11	12	2	1	1	1	123	132
Biggar ... ..	1	—	—	—	2	3	1	2	—	—	—	—	1	2	1	1	—	—	1	1	4	3	1	—	—	—	—	—	8	4
Cambslang ... ..	26	20	28	21	38	43	46	49	2	1	4	6	3	4	14	17	8	7	13	12	10	12	9	9	4	4	4	4	91	118
Carnwath ... ..	2	5	3	3	5	3	9	9	1	1	4	4	1	1	4	3	3	3	5	5	5	4	4	5	—	—	2	2	17	31
Lesmahagow ... ..	4	4	7	2	5	9	10	14	1	—	1	2	3	5	7	6	3	3	2	2	4	2	6	7	—	—	—	—	23	33
Rutherglen ... ..	9	10	22	16	30	30	25	30	9	6	3	4	11	11	8	6	6	7	11	10	5	6	4	7	3	3	3	3	73	76
Total ... ..	72	68	98	81	129	138	142	158	26	17	21	22	40	47	57	55	27	30	44	40	43	38	36	42	9	8	10	10	346	408
Dr JAMES A. WILSON.																														
Motherwell ... ..	83	75	83	77	73	79	117	118	17	15	21	24	13	16	29	24	5	3	8	13	29	32	35	37	1	1	3	3	221	296
Dr JAMES R. WATSON.																														
Hamilton ... ..	32	29	36	35	57	59	67	72	10	11	16	14	13	12	24	24	15	14	22	21	3	5	5	4	—	—	—	—	130	170

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.



discussed, the writer would like to say a few words on several points of special interest which presented themselves during the past year.

1. The continuance of parental interest in the correction of eye defects in their children is progressive. Their outlook on obtaining and preserving good vision is broadening—one might almost say considerably—and is more noticeable in certain areas than in others. This interest is manifest not only in cases of squint and myopia, where the parent's attention is advancing strongly, but also in the other groups of defective vision, and is due, in the writer's opinion, to (a) the exceedingly satisfactory visual results obtained in the correction of errors of refraction, (b) efficient revisiting, (c) the satisfactory results, both visual and cosmetic, obtained through operation on cases of squint and cataract during the past years, (d) the importance of having good vision in finding work after school is left behind, as in a good many works now there is in force a medical examination and vision test.

(2) *Myopia Prevention*.—It is customary in cases of myopia of high degree or in progressing myopia for the parents and headmasters to be written to with regard to the overuse of the eyes in this condition, and that school lessons, near work, sewing, etc., be stopped or curtailed for a period. The writer would like to emphasise on headmasters and teachers the importance of giving effect to these letters, as in some areas this has not been receiving their attention as it ought. Myopia or shortsight is not an affection to be treated lightly. This frequent and serious cause of impaired vision is not only important in school life, but is also an important factor in adult life, and constitutes a grave handicap to the affected persons. Myopia is classified into (a) simple myopia, (b) pernicious myopia. The first is, as a rule, of low degree and does not progress beyond a certain limit and is usually associated with other affections of the eye; the pernicious type begins at an early age and may progress rapidly, and tends to be associated with serious disease inside the eye. (The cardinal aim of the Education Authority's School Medical Officers is to endeavour to prevent the development of the disease in the children affected, and such prevention requires the complete elimination of any form of eye strain such as is involved in close work.)

3. The good effects of the establishment of Child Welfare Clinics are becoming noticeable as the years progress, the youngest squinter and the early myope being caught even before school age, and this is the most important time in their lives to commence the treatment of these conditions. It is so important that children suffering from defective vision and blindness should be kept under observation and appropriate treatment from their earliest years.

4. There have come under the writer's observation several cases of children with the results of old injuries and disease of the eyes which seem to have escaped parental notice or been imperfectly treated, and have only been brought to the notice of an ophthalmic surgeon by being caught in the net of routine school medical examination owing to their defective vision. The importance of prompt treatment of injuries and diseases of the eye,

especially in children, can be greatly aided by propaganda among the parents by those in control of Child Welfare Centres and School Medical Inspection.

The writer has to record his appreciation of two excellent and well arranged new clinics opened during the past session at Machanhill and Allanton.

(DR JAMES R. WATSON.)

**CENTRE: Hamilton.**

The work of the Hamilton Clinic for the year 1927-28 has been both interesting and satisfactory. The improvement at the revisits has been most satisfactory, and has proved the value of the revisits in educating the pupils in the use of their glasses. The myopic cases have, on the whole, been specially satisfactory, very few of them being only slightly improved and a few having advanced in their myopia slightly. There is a greater tendency as time goes on for the glasses to be worn as ordered and a greater appreciation on the part of the parents, though even yet there is an odd case of a parent who thinks he knows best what his child needs. There have been one or two cases of Coloboma, very interesting from a developmental point of view, which have been referred for hospital treatment.

(DR JAMES A. WILSON.)

**CENTRE: Motherwell.**

This year the number of scholars presented for treatment was larger than usual.

A considerable number of the children complained of headache and eye-strain, and were found to be in need of glasses. There were three cases of functional or hysterical visual defect. Among the others there were three brothers, all squinters, and all requiring approximately the same glasses; also twins (boys), both squinters and both requiring much the same glasses. Four cases of fairly high degrees of myopia were recommended for special consideration.

During the session a large number of scholars were recalled for inspection. The results of this inspection were quite satisfactory. Among those classed as squinters, in twenty-nine per cent. the squint had disappeared; in twenty-five per cent. there was improvement, and in the remainder the condition was unchanged. Some in the last group were recommended for operation.

(DR H. SOMERVILLE MARTYN.)

**CENTRES :**

Abington, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath,  
Lesmahagow and Rutherglen.

The interest and co-operation of the parents in the matter of ocular treatment becomes apparent. Evidence of this is seen in



the very high percentage of attendances both of new cases and revisits, the increasing number of parents, relatives or guardians, who accompany the children to the clinic, the pertinent questions put to the Surgeon, and in some cases request for operation. On one occasion all the revisits called for the day were in attendance with the exception of one who had gone abroad, a total of 45. The clinic has become an educational factor for the parent as well as remedial for the child, and the confidence of the parent has been won by excellent organisation of the work and its thorough execution. Individuals are being treated, not mere numbers juggled with, proof of which is visible in the appended tables of the work done at all centres, and the success of the clinics is in no small measure due to Dr. Ernest Thomson who, in conjunction with the Principal Medical Officers, at the inception of the Eye Clinics stood for quality of work as opposed to mere quantity. In addition to the appended "Tables" 40 operations were performed throughout the year, viz. :— 30 for squint, 7 for cataract, and one each for ptosis, dacryo-cystitis, and epicanthus.

## REPORT ON DENTAL TREATMENT.

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The Authority's scheme of school dental treatment continues to be operated with marked success, and the number of children who take advantage of the scheme still remains very high. As was explained in last year's Report when the number of children treated by the dental staff reached the unexpectedly high total of 20,299, it was to be considered as an exceptional achievement, but it is very gratifying to record that the present year's total comes within measureable distance of last year's figures. The total number of school children treated during the year under review amounted to 19,205, and it is certain that, had it not been for the temporary cessation of treatment in one area on account of illness on the part of the dentist, and the prevalence of epidemics throughout the industrial areas in the early months of the year, this figure would have been very substantially increased. It will be interesting to note that during the past four years (1st August, 1924, to 31st July, 1928), the total number of school children who have received dental treatment under the Authority's scheme is 76,431.

But, however valuable statistics may be, the success of any scheme cannot be computed by mere figures. It is, however, the unanimous opinion of every member of the staff that there is a marked awakening in the minds of a large body of the public to the importance of dental hygiene, and to all that that means in the promoting of bodily fitness and physical wellbeing. This dental renaissance is by no means yet fully established, and much still remains to be done amongst a certain section of the populace to break down rooted prejudice and ignorant opposition. There is no branch of treatment that calls for the exercise of so much patience and tact as does school dentistry, and it is fitting to pay tribute to the members of the staff for carrying out their undoubtedly difficult duties with an almost entire absence of friction or complaint. Nor must the hearty co-operation of the great majority of the teachers be forgotten, and to them the whole staff tender well merited thanks.

There is one respect, however, in which teachers might be more helpful in the smooth working of the scheme, and that is by seeing that their pupils are sent off from school so as to arrive punctually at the treatment clinic. As a list of the children to be treated, with the hours at which they are to attend at the clinic, is sent to each school it is a matter for regret that so much unpunctuality exists. The dentist's time at the clinic is carefully allocated, and any delay in the attendance of the children has a very disturbing effect on the routine of the day's work.

As in former years, all school children from 5 to 12 years, both years inclusive, were examined by the school dentists. The dental examination of pupils above the age of 12, including the 16 years old pupils and students in preliminary training, is meantime carried out by the School Medical Officers. Altogether, 69,323 pupils were dentally inspected, and of these 48,074, or 69.3% were notified for

treatment. This is an increase of 1.7% on last year. The figure is undoubtedly high, but the examination is a searching one, and dental defects, trivial or even non-existent to the lay eye, are noted and brought to the attention of the parents.

An examination of the statistical table reveals that there is still a considerable variation in the response given by different districts, and, as usual, the rural areas make a far better showing than the urban districts in this respect. In country schools it is not uncommon for 90% or over, of the notified children to accept treatment, but in the towns an acceptance percentage of 50 is a matter for rejoicing. The Secondary Schools have, this year, given a somewhat better response than formerly, but there seems to exist amongst many of the pupils of these schools a feeling that it is not compatible with their dignity or status to accept the Authority's scheme of dental treatment, and although lavish promises are made that treatment will be undertaken by "their own dentist," little, if anything, is done. It now comes to this that, so far at least as dentistry is concerned, the "neglected" child is by no means confined to the poorer classes.

Mr Beattie (Avondale, Biggar, Carlisle, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Hamilton (landward), Lanark, Lesmahagow, and Southern districts), remarks on the enthusiasm displayed by the children in the rural districts as regards the care of their teeth and the readiness with which they submit themselves to the care of the dentist. The fact that the average daily attendance at the treatment clinics was over 26 patients speaks eloquently of the response to the Authority's scheme. In addition, parents frequently consult with him as to the future care of their children's teeth. The rural child, as opposed to the town child, is much readier in making the school dentist his confidant, and thereby a mutual sympathy is established.

A summary of the work done during the session by Mr Beattie is as follows:—

Total number of children treated, 4,008; extractions (temporary teeth), 6,260; extractions (permanent teeth), 333; fillings, 870; scalings, dressings, and cleaning, 39.

Mr Rae (Cadder, New Monkland (including Airdrie), and Old Monkland (landward) districts), in a survey of the year's work, speaks of the increase in the number of applications for school dentistry, and especially amongst that class who formerly looked askance at the scheme. The rapid growth of houses has brought many children into the County area from districts where little, if any, dental treatment had been carried out, and much will have to be done to bring these children into a proper state of dental health. Mr Rae comments on the high degree of dental fitness which pertains in certain schools, and especially mentions Baillieston Public, Bargeeddie Public, Mount Vernon Public, Budhill Public, Tolleross R.C., and Calderbank Public, as examples of what can be achieved by regular and systematic attendance at the school clinic.

A summary of the work overtaken by Mr Rae is as follows.—

Total number of children treated, 3,510; extractions (temporary teeth), 8,340; extractions (permanent teeth), 1,430; fillings, 2,232; scalings, dressings, and cleaning, 445.

Mr Kerr (Bothwell (including Bellshill and Uddingston), Cambuslang, and Shotts districts) in his report on the session's work draws attention to the readiness with which children, even of tender years, submit to treatment by the school dentist, and remarks that parents are much more reluctant to give permission for treatment than the children are to accept. A visit to the clinic is usually sufficient to convert a hesitating parent, but the difficulty frequently is to persuade the unwilling parent to come. Grown up people have a far greater dread of the dentist's chair than children have, and parents attending the clinic with their children frequently exhibit a pained and anxious expression, while the actual patient is perfectly placid and unconcerned.

A summary of Mr Kerr's work for the session is as follows:—

Total number of children treated, 3,039; extractions (temporary teeth), 3,767; extractions (permanent teeth), 623; fillings, 772; scalings, dressings, and cleaning, 76.

Mr Watson (Cambuslang, Coatbridge, and Rutherglen districts), remarks that as he has not had a complete year's work, having taken over Mr Bower's area in the early winter months of 1927, it is difficult to give a survey of the whole area allotted to him. As a new member of the staff he was impressed by the very high standard of the school children's teeth, and the rarity of finding a really unhealthy, septic mouth. Although this is so, there is still a very wide field of operation, and he deplores the fact that a much better response to the Authority's scheme is not forthcoming from certain schools. The parents attended well at the clinics, and no opportunity was lost in counselling the parents as regards the future care of the child's teeth and the necessity for accepting treatment when advised from the school.

A summary of Mr Watson's and Mr Bower's work is as follows:—

Total number of children treated, 2,853; extractions (temporary teeth), 5,270; extractions (permanent teeth), 813; fillings, 818; scalings, dressings, and cleaning, 40.

Mr Rankin (Blantyre, Hamilton (Burgh), Larkhall, and Stonehouse districts), commenting on the session's work, draws attention to the lessening amount of dental work required by the individual child. Thus, out of the several thousands of children examined, only 131 had to be notified as having five or more teeth requiring attention. He contrasts this with six or seven years ago when fully 50% of the notices issued were for children who had more than five defective teeth. Mr Rankin, in addition to his school dentistry, treated 18 children at Hamilton in connection with the town's Maternity and Child Welfare Scheme.

TABLE F.

## DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1928.

INSPECTION.					TREATMENT.											NO. OF PUPILS.	
SCHOOL MANAGEMENT AREAS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.									Necessitous.	Partly Necessitous	
		Boys.	Girls.	Boys.	Girls.	Extractions.		Fillings.		Scaling.	Dressing.	Cleaning					
						Temp.	Perm.	Cem.	Amal.								
Avondale, ... ..	710	209	230	126	137	441	13	2	55	1	1	...	162	101			
Biggar, ... ..	272	84	75	68	51	207	12	2	13	..	...	1	80	39			
Blantyre, ... ..	2972	849	777	348	330	875	145	7	162	1	38	1	591	87			
Bothwell, ... ..	7807	2729	2820	861	875	2232	406	22	386	8	6	16	1420	316			
Cadder, ... ..	2486	1127	1182	429	487	2436	342	48	514	6	18	87	689	227			
Cambuslang, ... ..	2869	947	979	454	539	1220	232	8	294	19	6	20	749	244			
Cambusnethan, ... ..	5038	1862	1792	650	595	1866	149	48	233	5	1	...	954	291			
Carluke, ... ..	1501	469	461	265	257	862	25	2	117	2	1	...	380	142			
Carnwath, ... ..	975	281	302	212	238	617	57	3	81	...	3	1	92	358			
Dalserf, ... ..	3234	1001	1038	462	408	1506	203	5	157	...	18	1	763	107			
Dalziel, ... ..	7478	2546	2475	800	790	2311	236	46	319	6	10	1	1243	347			
Douglas ... ..	415	146	119	119	107	307	27	...	42	...	...	...	187	39			
East Kilbride, ... ..	455	143	159	83	86	298	4	4	55	...	...	...	102	67			
Glassford, ... ..	166	52	48	43	37	118	6	...	4	...	...	...	62	18			
Hamilton, ... ..	7484	2278	2293	649	668	1985	470	21	334	10	76	9	1001	316			
Lanark, ... ..	2155	690	614	433	343	1198	81	9	138	1	3	7	626	150			
Lesmahagow ... ..	1593	547	556	365	346	969	47	3	175	...	9	6	584	127			
New Monkland ... ..	4537	1966	1977	681	724	3444	536	53	752	18	18	122	1196	209			
Old Monkland, ... ..	8923	3180	3099	1466	1510	5781	1082	292	1074	16	48	136	2383	593			
Rutherglen, ... ..	3723	1357	1411	407	457	1588	200	86	193	2	8	5	572	292			
Shotts, ... ..	3949	1450	1452	506	518	1493	123	17	228	2	1	...	865	159			
Stonehouse, ... ..	581	208	194	145	130	442	104	1	66	...	...	4	219	56			
TOTAL, ... ..	69323	24121	23953	9572	9633	32196	4500	679	5392	97	265	117	14920	4285			





A summary of Mr Rankin's work during the session is as follows:—

Total number of children treated, 2,906; extractions (temporary teeth), 4,397; extractions (permanent teeth), 976; fillings, 676; sealings, dressings, and cleaning, 162.

Miss Watson (Motherwell and Wishaw districts, and part of Shotts Parish), in a survey of the year's work emphasises the necessity for early dental treatment, especially where the first permanent molars are concerned. She also comments on the fine propaganda work undertaken by many teachers who regularly include in their talks on hygiene to their pupils sound advice on the care of the teeth, and the necessity of having treatment carried out as soon as they become aware of dental decay. Miss Watson welcomes the parents at the clinic as she can thereby give simple instructions as regards the prevention and cure of dental caries.

A summary of Miss Watson's work for the session is as follows:—

Total number of children treated, 2,889; extractions (temporary teeth), 4,160; extractions (permanent teeth), 325; fillings, 703; sealings, dressings, and cleaning, 17.

The dental surgeons desire to thank the head teachers, assistants, and janitors of the various schools for their willing help and co-operation in the examination and treatment of the children, and are quite emphatic in their opinion that without that assistance such a high degree of success could not have been attained.

The accompanying statistical table shows in detail the dental work overtaken in each School Management area during the year.



## REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

(DR JAMES ADAM.)

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### AT HAMILTON CLINIC.

For the year ending 31st July, 1928, 90 children made 285 attendances at the house surgery. This occupied 44 hours and included 6 operations under local anæsthesia. At Beckford Street Hospital, 67 operations were performed under chloroform. These were, almost entirely, for tonsils and adenoids, and occupied 23 hours. The patients were drawn from 38 schools, situated chiefly in the Middle Ward of the County. Thus:—Woodside P.S. (10); St. Mary's R.C., Hamilton (8); Cambuslang P.S. (6); Glenlee P.S. (6); Bothwellhaugh P.S. (5); Bothwell P.S. (5); Bothwell R.C. (4); Low Waters P.S. (3); Cambuslang R.C. (3); Greenfield P.S. (3); Burnbank R.C. (2); Union Street P.S., Larkhall (2); Belvidere P.S. (2); St. John's Grammar Sec. (2); Uddingston R.C. (2); Eastfield P.S. (2); Farie Street P.S. (2); Gateside P.S. (2); Hamilton Academy (2); Ferniegair P.S. (1); Woodburn Special (1); Mossend P.S. (1); Carfin R.C. (1); Holytown P.S. (1); Larkhall R.C. (1); Newton R.C. (1); Rutherglen R.C. (1); Auchentibber P.S. (1); Hallside P.S. (1); Baillieston P.S. (1); Bellshill Academy (1); Beckford Street P.S. (1); Townhead Street P.S. (1); Drumpark Special (1); New Stevenston P.S. (1); Clarkston P.S., Airdrie (1); Harthill P.S. (1); Bellshill P.S. (1).

The chief point of interest is that there were only 14 aural cases amongst 90 children, and of these only 4 had discharging ears—an astonishingly small number as compared with the days when medical treatment of school children began. As such suppuration always tends to create deafness, the ultimate reduction in the number of deaf people must be considerable. This is further borne out by the fact that the remaining 10 of the 14 aural cases were for deafness due to nasal or post-nasal (adenoid) obstruction, and these cases were mostly between the ages of 10 and 14; that is, the adenoid operation was rather late. In other words, the operation for tonsils and adenoids seems to have had a considerable effect in preventing deafness and aural suppuration. The optimum age for this operation is between 5 and 7. Postponement to the age of 12 to 14 means more or less nasal and facial deformity and impairment of hearing apt to remain and increase through a lifetime. In the future

it is to be hoped that such advances will be made medically and socially as will diminish the need for this operation.

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AT MOTHERWELL CLINIC.

	Under General Anæsthetic.	Under Local Anæsthetic.
No. of Necessitous Cases treated for Tonsils and Adenoids ...	95	4
No. of Necessitous Cases treated for Diseases of the Ear ...	—	24
No. of Necessitous Cases treated for Diseases of the Nose ...	3	115
	98	143
<hr/>		
Total Number of Attendances of School Children at the Clinic ...		369
Total Time occupied by Ear, Nose, and Throat Specialist (approximate number of hours) ...		54
Total Time occupied by Anæsthetist (approximate number of hours) ...		44

## MINOR AILMENTS CLINICS.

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There are six clinics for the treatment of minor ailments situated at the following centres:—Rutherglen, Cambuslang, Hamilton, Larkhall, Motherwell, and Airdrie.

The success which attended the opening of these clinics was immediate, and as time goes on, greater and greater advantage is being taken of the facilities for treatment which are there afforded. In fact, at certain of the busier clinics, *e.g.*, Hamilton, Larkhall, and Airdrie, the demands made on the staff are frequently greater than can be adequately overtaken. It is quite a common experience to have from 80 to 130 children presenting themselves for treatment at a clinic during an afternoon, and when it is considered that a single child may require twenty minutes, or more, of attention, the task falling upon the nursing staff may be guessed at if not fully comprehended. The tour of the clinics which was undertaken during the year by certain members of the Medical Inspection Committee, must have afforded a striking object lesson of the immense amount of work which is overtaken.

Each clinic is open on two days a week, the work nominally commencing at 1.30 p.m. However, the clinic nurses frequently summon a few of the more tedious cases somewhat earlier in order that they may be attended to before the regular work of the afternoon commences. As any head teacher, class teacher, or attendance officer has the right to send a child to the clinic, provided the written sanction of the parent has been previously obtained, the afternoon's programme of work is rather uncertain, the only sure and certain fact being that there will always be plenty of work. Hence, although the nominal time for the clinic closing is 4 p.m., it is no uncommon thing for this to be exceeded by an hour or more.

A study of the records of the various clinics shows that skin diseases constitute by far the greater proportion of the conditions treated, next in order of frequency being diseases of the eye, diseases of the ear, diseases of the nose, and finally ringworm of head or body.

At Rutherglen clinic (Gallowflat Public School), the number of children treated for diseases of the Eye was 383, making 2,234 attendances; for diseases of the Skin 566, with 2,965 attendances; for diseases of the Ear 127 children, with 1,475 attendances; for

diseases of the Nose 51 children, with 419 attendances; and for Ringworm 13 children, with 57 attendances. That is to say, at this clinic, 7,150 attendances were made by the patients during the session.

At Cambuslang clinic (Gateside Public School), the number of children treated was as follows:—Diseases of the Eye 360, with 2,721 attendances; diseases of the Skin 635, with 3,375 attendances; diseases of the Ear 95, with 1,273 attendances; diseases of the Nose 30, with 420 attendances; Ringworm 13, with 61 attendances. That is, during the session a total of 7,850 attendances was made by the patients.

At Hamilton clinic (Child Welfare Centre, Beckford Street) the number of children treated was as follows:—Diseases of the Eye 290, with 2,715 attendances; diseases of the Skin, 969, with 5,059 attendances; diseases of the Ear 105, with 1,941 attendances; diseases of the Nose, 23, with 309 attendances; Ringworm 23, with 184 attendances. That is, a total of 10,208 attendances was made by the patients during the session.

At Larkhall clinic (Machanhill Public School) the number of children treated was as follows:—Diseases of the Eye 165, with 1,574 attendances; diseases of the Skin 575, with 3,520 attendances; diseases of the Ear 104, with 2,705 attendances; diseases of the Nose 8, with 87 attendances; Ringworm 16, with 73 attendances. That is, a total of 7,959 attendances was made by patients during the year.

At Motherwell clinic (Carnegie Child Welfare Institute) the number of children treated was as follows:—Diseases of the Eye 198, with 2,548 attendances; diseases of the Skin 270, with 1,885 attendances; diseases of the Ear 170, with 2,362 attendances; diseases of the Nose 26, with 308 attendances; Ringworm 5, with 35 attendances. That is, a total of 7,138 attendances was made during the session.

At Airdrie clinic (Airdrie Academy) the number of children treated was as follows:—Diseases of the Eye 188, with 2,254 attendances; diseases of the Skin 511, with 3,385 attendances; diseases of the Ear 136, with 2,173 attendances; diseases of the Nose 2, with 2 attendances; Ringworm 8, with 30 attendances. That is a total of 7,844 attendances was made during the year.

Summarising the year's work at the various minor ailments clinics it will be seen that no fewer than 6,065 children received treatment, the total number of attendances made by the patients being 48,149.

In addition to the foregoing, the number of treatments given at the minor ailments clinics attached to the special schools was 10,340, made up as follows:—Drumpark Special School, 8,373; Gateside Special Classes, 1,967.

The accompanying table (G) shows in detail (a) the number of children treated at each clinic; (b) the total attendances made; (c) the nature of the ailments from which the children suffered.

# MINOR AILMENTS.

TABLE G.—Showing (a) Number of Children treated at each Clinic; (b) Total Attendances made; (c) Nature of Ailment from which the children suffered.

	RUTHERGLEN CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			AIRDRIE CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
<b>Diseases of the Eye—</b>																		
Blepharitis ... ..	43	51	721	53	77	1171	63	65	1529	25	35	925	60	76	1854	50	36	1001
Conjunctivitis ... ..	78	97	927	52	80	905	44	45	485	35	26	289	12	22	380	20	28	625
Corneal Ulcer ... ..	11	4	69	3	5	70	3	1	22	0	1	6	5	7	182	2	5	141
Corneal Opacities ... ..	8	4	171	5	1	91	10	6	435	2	6	222	1	1	44	3	4	102
Ophthalmia and Phlyctenu- lar Conj. ... ..	11	6	74	11	9	110	9	10	98	2	4	20	—	—	—	2	2	60
Keratitis-Interstitial ... ..	4	1	42	1	2	40	0	1	2	0	1	7	1	5	20	2	2	49
Hordeolum (Stye) ... ..	18	24	131	18	18	99	11	13	97	5	13	68	2	6	68	15	5	146
Stillicidium ... ..	2	2	17	2	4	92	1	1	17	3	0	15	—	—	—	—	—	—
Other Diseases ... ..	7	12	82	10	9	143	5	2	30	3	4	22	—	—	—	7	5	130
	182	201	2234	155	205	2721	146	141	2715	75	90	1574	81	117	2548	101	87	2254
<b>Diseases of the Skin—</b>																		
Impetigo Contagiosa ... ..	72	63	633	88	86	849	176	130	1742	115	83	1141	81	84	1042	169	97	1790
Eczema ... ..	29	13	277	19	14	209	59	53	803	41	39	932	2	4	63	8	4	104
Alopecia Areata ... ..	3	1	87	2	1	22	1	3	44	4	—	83	1	2	13	2	—	17
Scabies ... ..	3	6	32	12	11	90	22	23	326	6	8	90	7	9	150	12	6	189
Pediculosis Capitis, with Impet. Contag. ... ..	0	17	61	6	20	127	11	21	191	4	14	134	—	8	58	—	1	9
Pediculosis Capitis ... ..	0	16	54	1	10	29	—	—	—	—	—	—	—	2	2	—	—	—
Dermatitis Seborrhoeica ... ..	16	20	224	12	23	265	6	6	51	2	—	12	5	4	54	5	4	72
Wounds & Septic Sores ... ..	138	78	961	152	91	983	299	137	1704	175	69	1067	35	13	351	118	43	904
Psoriasis ... ..	2	3	51	3	1	80	1	2	33	1	1	25	1	2	37	5	4	66
Other Skin Diseases ... ..	48	38	585	37	46	721	6	13	165	6	7	36	6	4	115	24	9	234
	311	255	2965	332	303	3375	581	388	5059	354	221	3520	138	132	1885	343	168	3385
<b>Diseases of the Ear—</b>																		
Chronic Suppurative Inflam- mation ... ..	44	29	1241	33	24	1153	60	35	1904	53	38	2659	38	49	1941	51	22	1719
Ceruminous Collection ... ..	20	11	60	12	10	63	2	1	7	2	4	6	44	25	171	4	5	39
Chronic Catarrh ... ..	7	4	85	4	3	18	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases ... ..	7	5	89	4	5	39	3	4	30	5	2	40	7	7	250	40	14	415
	78	49	1475	53	42	1273	65	40	1941	60	44	2705	89	81	2362	95	41	2173
<b>Diseases of the Nose—</b>																		
Nasal Catarrh ... ..	16	19	300	13	9	322	7	4	183	3	3	63	3	14	176	—	—	—
Nasal Obstruction ... ..	10	6	119	5	3	98	3	9	126	2	—	24	4	5	132	—	2	2
	26	25	419	18	12	420	10	13	309	5	3	87	7	19	308	—	2	2
Ringworm of Head ... ..	4	1	29	4	1	37	6	—	56	3	1	29	4	—	31	1	3	8
Ringworm of Body ... ..	6	2	28	7	1	24	12	5	128	8	4	44	1	—	4	1	3	22
	10	3	57	11	2	61	18	5	184	11	5	73	5	—	35	2	6	30

